

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049456

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 13094

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>1 day-7 hrs.</i>	c. CITY OR TOWN <i>Pinelawn,</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis-Little Rock Hospitals, Inc.,</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3804 Council Grove</i>
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Courtney</i> Last <i>Gossum</i>		4. DATE OF DEATH Month <i>Dec.</i> Day <i>31,</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 6, 1904</i>
9. AGE (last birthday) <i>59 yrs.</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Brakeman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>GNaves Co Ky</i>
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME <i>BENJAMIN FRANKLIN Gossum</i>	
14. MOTHER'S MAIDEN NAME <i>Lela BRAY</i>		15. NAME OF HUSBAND OR WIFE (Deceased) <i>Willie Mae PEARSON</i>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. SOCIAL SECURITY NO. <i>44-3841</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Few minutes</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive Cardiovascular Disease</i>		DUE TO (c) <i>44.3 X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Dec. 30, 1963</i> to <i>Dec. 31, 1963</i> and last saw him alive on <i>Dec. 31, 1963</i> Death occurred at <i>9:10 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Benjamin H. Charles L. G.</i>		22b. ADDRESS <i>1755 South Grand Blvd.,</i>	
22c. DATE SIGNED <i>1-1-64</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	
23b. DATE <i>1-2-64</i>		23c. NAME OF CEMETERY OR CREMATORY <i>WATER VALLEY</i>	
23d. LOCATION (City, town, or county) <i>Graves Co Ky</i>		24. FUNERAL DIRECTOR ADDRESS <i>Hopkins-Brown Funeral Home-Clinton, Ky.</i>	
25. DATE/RECD. BY LOCAL REG. <i>JAN 2 1964</i>		26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James L. Carson

Licensed Embalmer No. 5168

P. O. Address McClatchy, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.